

APPENDIX A1

AHCCCS Long Term Care System

The Arizona State Legislature passed legislation in 1987 expanding the federally funded AHCCCS services to include long term care (LTC). As a result, the Arizona Long Term Care System (ALTCS) was established with an initial implementation date of January 1, 1989 for the elderly/physically disabled population.

Long term care refers to ongoing services required by individuals who are in need of care comparable to that received in a nursing facility (NF). These services represent a wide range of health related services above the level of room and board. These services are meant to ensure that the individual receives treatments, medications, a therapeutic diet and rehabilitative nursing under the direction of a physician in order to receive proper care to prevent decubitus ulcers and deformities, and to protect from infection, injury and to assist and/or train the individual in self care (42CFR 483.28).

These long term care services may include home and community based services (HCBS) that offer an alternative to institutional care. ALTCS offers the alternatives in order to ensure that the recipient in need of institutional level of care may be treated in the least restrictive environment. HCBS is appropriate for those who would require institutionalization, who can retain an independent lifestyle with services provided in the home and community setting, where the absence of 24 hour licensed nurse direct supervision will not endanger the health or safety of the elderly/physically disabled recipient.

In order to be eligible for ALTCS, the applicant must meet or exceed a combination of functional and medical factors as established by the Pre-Admission Screening process. The applicant must need long term care at a level of care comparable to that provided in a nursing facility, but which is below that of an acute care setting (hospitalization or intense rehabilitation) and above that of a supervisory/personal care setting (intermittent outpatient medical intervention or benevolent oversight.) An applicant enrolled with an AHCCCS acute health plan and who needs less than 90 days of convalescent care may also be ineligible for ALTCS, and should be referred for physician review.

In the aggregate, the eligible ALTCS client will have a functional and/or medical condition that is so impaired as to interfere substantially with the capacity to remain in the community, and results in long term limitation of capacity for self care. An individual who meets ALTCS criteria for Title XIX eligibility will present with a combination of the following needs or impairments:

1. requires nursing care by or under the supervision of a nurse on a daily basis;
2. requires regular medical monitoring;
3. impaired cognitive functioning;
4. impaired self care with activities of daily living;
5. impaired continence;
6. psychosocial deficits.

When a client's medical eligibility for Title XIX services is questionable, but in the ALTCS assessor's professional opinion the individual's overall condition is correlated with the needs or impairments as outlined above, the case may be referred for physician review.

It is important to remember that there is no singular definition for the level of care for ALTCS medical eligibility. An entry level of care encompasses a combination of factors which evaluate the marked differences between individuals in manifestations and severity of a given disease/condition and the impact of the disease/condition on functional ability.